

# 1999 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

## SECTION I

### UTILIZATION BY LICENSED BED TYPE

Combined **Acute and Psychiatric** inpatient utilization data are in **Table 1** as in previous reports. Since the Kentucky State Health Plan review criteria and standards consider acute nonpsychiatric and psychiatric beds separately, utilization of these beds is also shown separately, **Acute Nonpsychiatric** in **Table 2** and **Psychiatric** in **Table 3**. Utilization of **Swing Beds** by long-term care patients is shown in **Table 4**. Utilization data for long-term care beds is maintained in a separate report which is available from this office. **Chemical Dependency** and **Physical Rehabilitation** data are in **Tables 5 and 6**.

The following utilization indicators are shown: Licensed Beds, Beds in Operation, Total Admissions, Total Inpatient Days, Total Discharges, Total Discharge Days, Average Daily Census (ADC), Occupancy Percent, and Average Length of Stay (ALOS). Three of these measures - ADC, Occupancy Percent, and ALOS are the result of calculations. The formulae for calculating these indicators are:

**Average Daily Census (ADC)** = Total Inpatient Days / Days in the Reporting Period.

**Occupancy Percent** = [Total Inpatient Days / (Licensed Beds x Days in the reporting Period)]x 100. The occupancy percent is adjusted to account for bed changes during the reporting period.

**Average Length of Stay (ALOS)** = Total Discharge Days / Total Discharges.

**Acute Nonpsychiatric Care**, usually known simply as acute care, generally refers to those medical and/or surgical services provided for a period of time not to exceed thirty days. The higher the level of service - primary, secondary, or tertiary - the longer the patient may reside in a facility.

**Psychiatric Care** is provided in psychiatric hospitals or psychiatric units and encompasses a number of conditions. These conditions may require treatment beyond a thirty day period and, in some instances, require frequent follow-up care.

**Chemical Dependency** treatment service is a structured inpatient program providing medical, social, diagnostic, and treatment services to persons who suffer from illnesses related to the misuse or abuse of alcohol and other drugs. The setting of the service may be either in a general hospital itself or a facility devoted solely to providing chemical dependency services.

**Comprehensive Physical Rehabilitation** is the process of treating an individual who, through injury or disability, acquired or congenital, is in need of assistance for attainment of the maximum level of physical, educational, and vocational function.

**Special note concerning swing beds:** The swing bed program allows acute care hospitals in rural areas to utilize part of their beds for skilled nursing needs. Although these beds were

established for, and are typically used for long-term care patients, they still have the potential of being used for acute care patients, and therefore are included in their hospital's total licensed acute care beds in this report. They are also included in the number of beds in operation. However, data in Tables 1-3 reflect utilization by acute and/or psychiatric patients only, i.e., occupancy percents are based on acute and/or psychiatric inpatient days (exclusive of long-term care inpatient days), divided by the respective total licensed bed days. Combined acute, psychiatric inpatient days (exclusive of long-term care inpatient days), divided by the respective total licensed bed days. Combined acute, psychiatric, and long term care occupancy may be obtained by dividing the sum of acute, psychiatric, and swing inpatient days by total licensed bed days

## SECTION II

### ACUTE BED UTILIZATION

This section shows the distribution of acute and intensive care beds by inpatient service provided.

**Table 7** covers inpatient services and utilization of acute care beds. The major categories are Medical/Surgical, Obstetrics, and Other (non-classified) services. The category Other (non-classified) services includes neonatal Level II and III beds, intensive care beds, transitional care beds, telemetry beds, etc. Data in these tables should be used with care as some hospitals were unable to submit data that distinguished between categories.

**Table 8** covers inpatient services and utilization of intensive care beds. The major divisions are ICU, CCU, and Burn Care. Other IC/Special Care beds are no longer included in these tables, since transitional care beds (special care, progressive care, step-down beds, etc.) are not recognized as a special category of intensive care beds. These beds are considered medical/surgical beds.

**Table 9** shows the utilization of newborn bassinets and Level II and Level III neonatal care beds by facility.

**Special Note:** The utilization of intensive care beds and neonatal care beds is included in **Table 7**. The data shown are beds in operation and inpatient days. The ICU and CCU data in **Table 8** and the Neonatal data in **Table 9** represent a subset of the total acute care data presented in **Table 7**. Therefore, the bed and utilization data from these tables should not be added together to obtain data on the total of acute care beds.

## SECTION III

### SERVICE UTILIZATION

This section covers the services that hospitals provide to their patients, from the availability of services to the use of specialized services. These tables display data on selected services such as surgical operations, heart surgery, cardiac catheterization, and CT scans.

## SECTION IV

### MEDICARE (TITLE XVIII)/MEDICAID (TITLE XIX) UTILIZATION

Medicare and Medicaid utilization by acute and psychiatric patients with a percentage of total inpatient days is provided in **Table 18**.

**Table 20** shows the Medicare and Medicaid utilization of swing beds by long-term care patients.

**Special Note:** As in Section 1 - Utilization by Licensed Bed Type, the utilization of these beds by acute care patients, if any, is included in the acute and psychiatric utilization data in **Table 18**.

Medicare and Medicaid utilization for licensed chemical dependency and physical rehabilitation facilities are found in **Tables 21 and 22**, respectively.